PTO/SB/01 (03-01)
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperson Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Nu	ımber				
		First Named Inventor					
		COMPLETE IF KNOWN					
		Application Number	09	1914	.9(3		
Oeclaration	Declaration Submitted after Initial Filing (surcharge	Filing Date	Se	pt 4.2	200		
Submitted OR		Group Art Unit		` `			
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name					
As a below named inventor, I hen	aby declars that:			<u> </u>			
My residence, mailing address, and		below next to my name.					
I believe I am the original, first and t	sole inventor (If anly one	name is listed below) or an	original, lirs	t and joint inventor	r (if plunat		
names are listed below) of the subje	ect matter which is claime	ed and for which a patent is	sought on t	ne invention entitle	<u>:d:</u>		
t t		WVING TH			10		
AND NUT	RITIONAL	- VALUE O	F PL	ANTS			
<b>]</b> {							
				· · · · · · · · · · · · · · · · · · ·			
	(Tille of the	invention)					
the specification of which	,						
ofered benzens at							
OR I	OR .						
was filed on (MM/DD/YYY)	was filed on (MM/DDYYYY) 03/03/2000 as United States Application Number or PCT International						
1							
Application Number PCT/ERO9	ANGSO BOOWES AN	nended on (MM/DD/YYYY)	<u> </u>		(if applicable)		
Approximent FEIVERO	01830	periodo on (minales en experior)	l	····	,		
I hereby state that I have reviewed amended by any amendment spec	and understand the conti ilically referred to above.	ents of the above identified	specification	n. including the cla	aims, as		
Ladra dada Marida Articalismo	information which is small	onal ta nalantahiliby as defir	ned in 37 CF	R 1.56, including	for continuation-		
in-part applications, material inform PCT international filing date of the	I acknowledge the duty to discluse information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available bowners the fiting date of the prior application and the national or PC1 international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventors or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeders rights certificate(s), or any PCT international application having a filling date before that of the							
Prior Foreign Application Number(s)							
19909637.6	GERMANY	03/05/1999					
					$\sqsubseteq$		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached herato:							

[Page 1 of 2]

Birden Hour Statement: This form is eatimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form anough be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO. Assistant Commissioner for Patents. Washington, DC 20231

PTO/SD/01 (03-01)
Approved for use through 10/31/2003, OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

	Direct all correspondence to: Customer Number or Bar Code Laber	· ·	ON ∑ C∘	rrespondence address below		
	Name GARY BAKER					
	Address 1563 BOXWOOD AVE					
	CHY SAN LEANDRU	zp 94579				
	Courty USA Tele	ephone (510)	483-8220	Fax		
	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and turther that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
	NAME OF SOLE OR FIRST INVENTOR :	A petition ha	s been filed for this un	signed inventor		
En 11 11 En En	Given Name  (first and middle (if any)) PETER   Family Name or Surname BETER					
	Inventor's Gignature	GERMANY DEX				
	Residence: City HEITERSHEIM	State	Country	GERMANY DEX		
T 4	Mailing Address IN DER ETZHATT	T 10				
	CHY HEITERSHEIM	State	79423	GERMANY Country		
	NAME OF SECOND INVENTOR:  A petition has been filed for this unsi					
	Given Name (first and middle [if any]) [NGO	RYKUS				
	Inventor's Signature			Oate		
	Residence: City HAGDEN	State	Country	Citizenship		
	Malling Address IM STIGLER 54					
	civ MAGDEN	512te	4312 ZIP	SWITZERLAND Country		
	Additional inventors are being named on thesu	pplemental Additio	nal Inventor(s) sheel(s) PT0	D/SB/02A attached hereto.		

PTO/SB/01 (03-01)

Approved for use through 18/31/2002, OMB 0651-0032

U.S. Patent and Trudemark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperson's Reduction Act of 1995, no persons the required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)  Declaration Submitted with Initial Filling OR Declaration Submitted after Initial Filling (37 CFR 1.16 (e)) required)	Attorney Docket Num First Named Invento COMPL Application Number Filing Date Group Art Unit Examiner Name							
As a below named inventor, I hereby declare that:  My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (If only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  METHOD FOR IMPROVING THE AGRONOMIC  AND NUTRITIONAL VALUE OF PLANTS								
(Title of the Invention)  the specification of which  is attached hereto  OR  was filed on (MM/DOMM)  O3 / O3 / Z  as United States Application Number or PCT International  (if applicable)								
Application Number PCTROCUSSO and was amended on (MM/DDMM) (if applicable)  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available bowers the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.  I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventors or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America Listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filling date before that of the application on which orderity is daimed.								
Prior Foreign Application Number(s)  Country	(MM/DD/MM) No 03/05/1999	Priority   Certified Copy Attached?   YES   NO						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are requised to complete this form anough be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO. Assistant Commissioner for Patenta, Washington, DC 20231

PTO/SD/01 (03-01)
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label						
Name GARY BAKER						
Name GARI GAREAC						
Address 1563 BOXWOOD AL	JE.					
CITY SAN LEANDRU		Sum CA	ZP 94579			
	phone (510)	483-8220	Fax			
I hereby declare that all statements made herein of my but	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and turther that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the					
NAME OF SOLE OR FIRST INVENTOR :	A petition ha	s been filed for this un	signed inventor			
Given Name (first and middle [if any]) PETER						
Inventor's Gignature						
	State	CERMANY	GERMANY Cilizenship			
Residence: City HEITERS HEIM	JOER					
Malling Address IN DER ETZHATT	- 10					
Malling Address IN DEIL ELEMANY 79423 GERMANY						
Chy HEITERSHEIM	State	ZIP	Country			
		been filed for this uns	ianed inventor			
NAME OF SECOND INVENTOR:	A pennon no	V0011 11100 101 1111				
Given Name  (Rirst and middle [If any]) LNGO  Family Name POTRYKUS  or Surname						
Inventor's Ayorofoms 5. DEC. 200						
		SUITZERLAND				
Residence: City MAGDEN	State	Country	Citizenship			
Malling Address IM STIGLER 54						
City MAGDEN	Spre	4312 ZIP	SWITZERLAND Country			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheel(s) PTO/SB/02A attached hereto.						

under the Paperson reguction Act of 1993, no persons are required to respond to a c	Patent and Trademan ollection of information	PTO/SB-91 (U2-U1)  Ifor use through 10/01/2002, OMB 0851-0035  I Ullian, U.S. DEPARTMENT OF COMMERCE In unless il display a vold OMB control number.		
Applicat	ion Number			
Filing D				
First Na	med Inventor	PETER BEYER		
POWER OF ATTORNEY OR THIS		MCTHOP FOR IMPROVIDE THE		
AUTHORIZATION OF AGENT Group A	ut Unit	OFPLANES		
Examin	er Name			
Attome	Docket Number			
I hereby appoint:		Place Customer		
Practitioners at Customer Number  OR		Number Bar Code Label here		
Practitioner(s) named below:		Salaria - Nicaria		
Name	Re	gistration Number		
GARY BAKER	-	11.595		
GART IDANCIN		11.0.10		
as my/our attorney(s) or agent(s) to prosecute the applicat business in the United States Patent and Trademark Office	ion identified at a connected the	bove, and to transact all arewith.		
Please change the correspondence address for the above—  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR		Place Customer Number Bar Code Label here		
Individual Name GARY BAKER				
Address 1563 BOXWOOD	AVE			
Address				
City SAN LEANDILO	State	CA   Zip   94579		
Country USA				
	Fax			
Telephone (デロ) 4(を3- 名220) I am the:  Applicant/Inventor.				
I am the:	FR 3.71. m PTO(SB/96).			
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 C	m PTO(SBI96).			
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 Cl Statement under 37 CFR 3.73(b) is enclosed. (For	m PTO(SBI96).			
am the:   Applicant/Inventor.   Assignee of record of the entire interest. See 37 C.   Statement under 37 CFR 3.73(b) is enclosed. (For   SIGNATURE of Applicant or A.   Name   PEER   BERER	m PTO(SBI96).			
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 Cl Statement under 37 CFR 3.73(b) is enclosed. (For	m PTOISBI96).			

O 'Total of \_\_\_forms are submitted,

Burden Hour Statement. This form is estimated to take 3 involves to complete. Times will vary degending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sont to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, OC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) insi	de this box		•		PTO/SB/81	(02-01)
Under the Paperwork Reduction Act of	1995, no persons are required to A	U.S. Patent a expond to a collection	nd Trademark	Office: U.S. Di	TO/31/2007 OMB 05: EPARTMENT OF COM By 3 YEW OMB control	MERCE
	Application Nu	mber				
		Filing Date				
	First Named Inventor		PETER BEYER			
POWER OF ATTORNEY OR		Title		METHOD FOR IMPROVIOS THE		
AUTHORIZATIO	Group Art Unit		VALUE OF PURCE			
	Examiner Nam	Examiner Name				
	Attorney Docket Number				<i>_</i>	
I hereby appoint:				<u></u>		7
Practitioners at C	Practitioners at Customer Number  Place Customer  Number Bar Code  Label here					
Practitioner(s) na	med below:					_
	Name		Re	gistration t	Number	
						1
64	RY BAKER			11-2-62	1	
				<del></del>		
<u> </u>		-				
as my/our attorney(s) or business in the United S	agent(s) to prosecute the States Patent and Tradem	e application id hark Office con	entified ab nected the	ove, and terewith.	o transact all	
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Description of the above-identified application to:  Ploca Customer  Number Bar Code  Label hera						
Firm or Individual Name	GARY B	HCER				
Address			rU€.			
Address						
City	SAN LEAN	020	State	<u> </u>	ZIP   9457	29
Country	USA					
Telephone	(510) 483-8	1220	Fax			
I am the:  Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is anclosed. (Form PTO(SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name	Name INGO POTRYKUS					
Signature	my Barlins					
Date	Date 5. DECEMBER 2009					m2 1
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						

Cli Total of Jorns are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will very depending upon the needs of the individual case, Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Asserbant Continues oner for Patents, Washington, DC 20231.